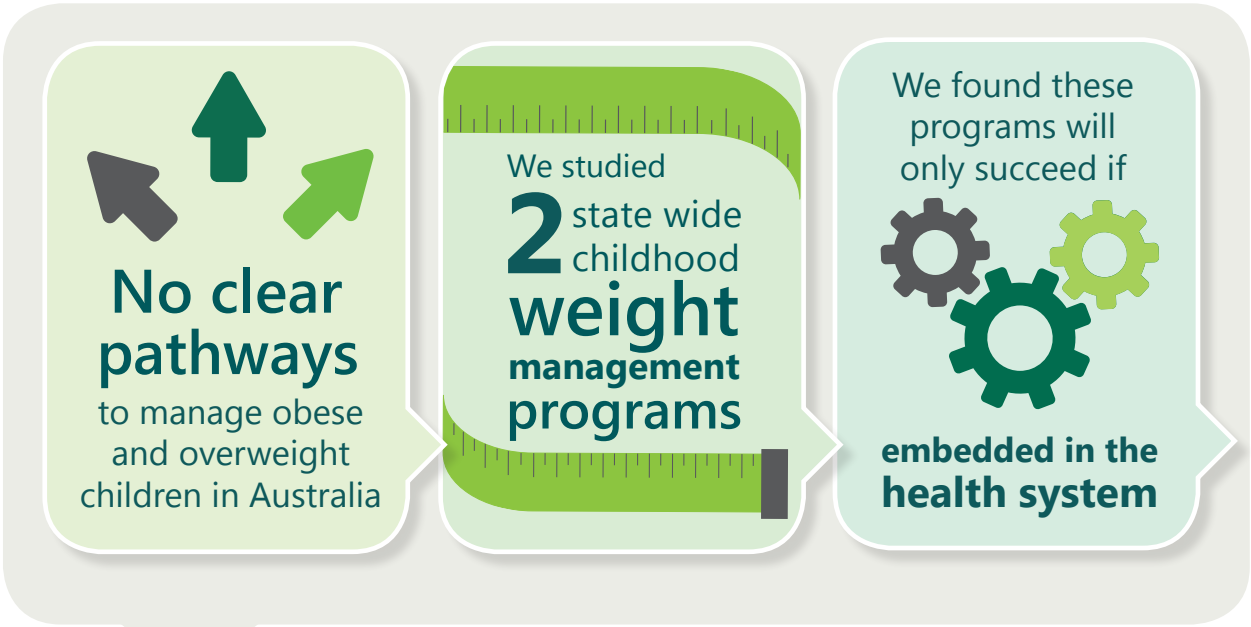
FINDINGS BRIEF

The Australian Prevention Partnership Centre
Systems and solutions for better health

Childhood obesity management: why it should be embedded in the health system



Key messages

- Childhood obesity is a key health challenge in Australia and around the world.
- In Australia, there is no national universal public health service for families of children who are already overweight or obese, despite well-established evidence about the effectiveness of these services.
- The project identified barriers and enablers to the universal availability of childhood obesity management services through examining two state-wide programs, Go4Fun® in NSW and PEACH™ in Queensland.
- The project found that childhood overweight and obesity management programs will only succeed long term if they are embedded into the health care system.
- Without a clear position in the health care system – whether as prevention, treatment or part of universal health care – programs are vulnerable to external factors such as changes in government, funding priorities and philosophical differences.

The project: Policy and practice in managing childhood obesity: Implementation case studies in Queensland and NSW

Project lead: Dr Helen Vidgen, Queensland University of Technology

Project start: December 2015 **Project end:** October 2016

Why is this issue important?

Childhood obesity has become an urgent national and international challenge.[1] Overweight and obesity now affects just over one in four (27.4%) Australian children aged 5–17 years.[2] If current rates of weight gain continue, one third of Australian children will be overweight or obese by 2025.[3]

The World Health Organization's Commission on Ending Childhood Obesity lists identifying and treating children and adolescents already affected by obesity as one of its six overarching goals.[4] It recommends strategies that specifically target the individual, family, community and policy levels.[4,5]

In Australia, there is no national universal public health service available to families of children who are already overweight or obese. There is no routine monitoring or screening of growth and weight status in children, despite clear evidence of the effectiveness of child obesity management programs.

Obesity, in a very simple form, is abnormal growth. For children with abnormal results in any other condition, for instance vision impairment, there are clear referral and treatment pathways. However, health professionals are often reluctant to raise the issue (of abnormal growth) in the absence of clearly defined referral and treatment pathways for abnormal growth. Effective management of childhood obesity needs to be embedded and clearly defined in the health system to improve outcomes.

As childhood obesity assessment and management does not have a Medicare item number, there are no primary health care services to identify overweight or obese children unless they have related illness. Consequently, there are inconsistences in the services provided to children who are overweight and obese including eligibility, availability and type of service provided.

What did we do?

The project compared implementation of two Australian childhood weight management services, Go4Fun in NSW and PEACH in Queensland. The programs are both free healthy lifestyle programs for families with children of primary school age who are above a healthy weight for their age. Their aim is to improve the weight status of participating children through changes to their nutrition and physical activity.

Eight local health areas, with varying levels of remoteness and implementation, were selected from each state. Using a framework[6] to develop an interview script and analyse data, the project team conducted 50 interviews with state and local health area staff involved in various levels of program implementation. The interview results informed the common barriers and enablers to sustained program implementation.

Obesity, in a very simple form, is abnormal growth. For children who have abnormal results in any other condition, there are referral and treatment pathways, but health professionals are often unsure what to do with a child who's overweight or obese, particularly when there is no universally available public service they can refer to. We hope our project can begin to change that."

Dr Helen Vidgen
Project lead

What did we find?

- Childhood overweight and obesity management programs will only succeed long term if they are embedded into the health care system.
- Without a clear position in the health care system – whether as prevention, treatment or part of universal child health care – these programs are vulnerable to health system changes.
- A lack of clarity around the responsibility for this key health issue results in:
  - Shifting ownership of the delivery of childhood obesity management services
  - Inconsistent availability of childhood obesity management services
  - Extensive administrative resources needed to repeatedly engage service providers.
- Community-based childhood obesity management programs continue to work from trial to delivery at scale and warrant continued investment.
- The project identified factors that enable or hinder the implementation of childhood overweight and obesity management program (see table).

Enablers and barriers of childhood overweight and obesity management programs

Enablers	Barriers
• Acknowledge the need for a program to address the management of childhood overweight and obesity.	• Inability to meet participants' needs. Recruitment and retention of participants limited by lack of awareness of the issue, eligibility criteria, stigma associated with the program, low levels of motivation and engagement, and time, travel distance and cost constraints.
• Ensure program changes to enhance family engagement and service delivery are evidence-based and trialled before implementation at scale.	• Complexity and difficulty embedding implementation as part of routine care. This leads to lack of ownership of the issue in the health system and increases its vulnerability.
• Monitor at-scale implementation and routinely communicate results to service providers, funders and other key stakeholders.	• Vulnerability to external factors such as changes in government and funding priorities. Lack of alignment with funded and reportable health service priority areas.
• Choose a robust evidence-based program, which provides support, quality of resources and improves ability to make changes over time.	• Lack of champions at various levels of implementation.
• Set targets linked to reporting and funding to support service delivery and to inform implementation progress.	• Lack of engagement and coordination for service providers and families due to lack of referral pathways and communication channels.
• Establish strong internal networks and communication and a supportive environment, e.g. opportunity for leadership engagement and access to quality training. Consult and involve staff in implementation decision-making.	• Remote location of the program. It is challenging to deliver group-based community programs in remote areas and this issue requires greater consideration.
• Identify roles and responsibilities to staff. Outline what is required in terms of implementation activities and who is responsible.	
• Engage with key stakeholders to increase program awareness among the clinical, primary health and community sectors, and communicate referral pathways with opinion leaders and change champions.	
• Position service funding and provision within the state and territory health system rather than through external contractors.	

Why does it matter?

To maximise success in childhood overweight and obesity management interventions, this project recommends changes to policy and associated supportive structural requirements.

These recommendations are expected to inform policies targeting the provision of accessible evidence-based interventions and associated training of relevant professionals to deliver these interventions.

The findings from this project can inform further work to embed the management of childhood overweight and obesity as part of usual care in the health system in Australia with a clear mandate for health service provision.

Next steps

Further work is needed to explore options around the assessment and management of childhood overweight and obesity programs in Aboriginal and Torres Strait Islander, culturally and linguistically diverse and rural communities.

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